LAZY EL RIGHT	
(518) 786-1200 • Fax (518) 786-14 Orders can be e-mailed to LinerOrder@TheVinyIWorks.com QUOTE ORDER REPLACEMENT ORDER NEW PO	Diagonal Diagonal Diagonal Diagonal Diagonal
DATE: PO#:	
JOB NAME:	
ORDERED BY	NOTE: Diagonal should be taken from the imaginary 90° corner.
COMPANY: CONTACT:	-
ADDRESS:	
CITY/STATE: ZIP:	
PHONE: FAX:	
E-MAIL:	$ \mathbf{K}$ $\mathbf{S2}$
NAME: ADDRESS:	From Bead
CITY/STATE: ZIP:	- Receptor To Pool Floor) D E F G
PHONE: FAX:	
SHIP VIA:	
WALL PATTERN: Mil:	Width
FLOOR PATTERN: Mil: **If mil is not specified, <u>Standard mil</u> will apply**	
□ No Stair □ Steel Stair (Send complete layout w/ order)	Safety Ledge*
□ Plastic Stair (□ Radius □ Straight)	* - Standing at the Shallow End, facing
Indicate wall seam location on drawing	the Deep End
LINER ATTACHMENT TO WALL:	
	Side Slope* Pad Width* Side Slope*
FOR OFFICE USE ONLY	CORNER
	- Diagonal Radius
ORDER #: PRODUCTION #:	
DATE:	- Jordan Contraction Contracti
	d completeness of this request. No custom liner will be started unless all information is complete. order form must be used to be eligible for Liner Guard approved reimbursement.

I hereby authorize Vinyl Works, Inc. to produce, as a special order, a vinyl liner for an inground pool in accordance with the design provided and acknowledge that Vinyl Works, Inc. has not participated in either the design or specifications of this liner and accept full responsibility for the same. I further agree not to hold Vinyl Works, Inc. liable. I will pay in full for any and all claims and expenses that may arise out of the design or use of said special liner.

SIGNED:



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